
(shaded area for lab use only)



Appointment Date: _____ Time: _____

Dr: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Patient Name: _____ Sex: _____

treasure dental studio

3877 South 400 East
Salt Lake City, UT 84115

(801) 484-5656
(800) 358-6444

www.treasuredentalstudio.com

Teeth Restored or Replaced

Final Shade _____

Prep Shade _____











Type of Restoration

- Porcelain to Metal
- NP SP HN Yellow Gold
- Full Metal
- IPS e.max
- IPS Empress
- Diagnostic Wax Up
- BruxZir
- Porc. to Zirconia
- Other _____

Enclosures

- Master Impression
- Opposing Impression
- Pre-op Model
- Impression of Temps
- Stick Bite
- Bite Registration
- Photographs
- Articulator
- Shade Tab
- Custom Shade Tab

Porcelain margin 360° Porcelain margin 180°

			
<input type="radio"/> No Metal Collar	<input type="radio"/> Small Metal Lingual Collar	<input type="radio"/> Metal Lingual Collar	
			
<input type="radio"/> 360° Metal Margin	<input type="radio"/> 1/2 Metal Occlusal	<input type="radio"/> Full Metal Occlusal	
			
<input type="radio"/> Sanitary	<input type="radio"/> Ridge Lap	<input type="radio"/> Modified Ridge Lap	<input type="radio"/> Implant/Ovate

Goals for Final Case

- Close Diastema
- More Youthful Smile
- Change Shape
- Move Midline
- Widen Buccal Corridor
- Feminize Smile
- Eliminate Crossbite
- Length of Centrals _____ mm

Surface Texture

- Smooth Slight
- Moderate Heavy

Instructions:



Authorization

Dr. Signature: _____

License #: _____

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.